

Qualitative Study of the Implementation of School Health Program in Junior High School 1 Teras and Junior High School 2 Andong

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ABSTRACT

School Health Program is a school activity that is very important in school life, both for students, teachers, employees, and residents within the scope of the school. This study is a qualitative research with a case study approach that aims to explain about the implementation of School Health Program at Junior High School 1 Teras and Junior High School 2 Andong that it is no previous research has been conducted there. There are six informants that were selected using purposive sampling method. The results of the research conducted were that Junior High School 1 Teras and Junior High School 2 Andong carried out School Health Program that consist of (1) health education about PHBS (Clean and Healthy Living Behavior), drugs, reproductive health, and anemia; (2) health services including screening, provision of Iron Tablet supplementation, and immunization; (3) environmental school development including waste classification, bathroom cleanliness, healthy canteen development and non-smoking areas. The impact of the school's School Health Program are peaceful and safe school environment. In the implementation of the School Health Program, it is expected that schools can implement the School Health Program according to the Technical Guidelines for the Implementation of Healthy Schools/Madrasahs Madrasa in 2021, schools are expected to be able to allocate funds to implement the School Health Program, and the need to increase school cooperation with related parties in the context of implementing the School Health Program.

INTRODUCTION

Teenagers are the future assets of the country. The role of teenagers in the future is to realize national change. However, they are also prone to committing acts of juvenile delinquency. The 2015 Global School-Based Student Health Survey (GSHS) describes health risk factors in students aged 12-18 years (junior high

school) nationally, 41.8% of males and 4.1% of females admitted to smoking, 32.82% of whom smoked for the first time at the age of ≤ 13 years. The same data also showed that 14.4% of men and 5.6% of women had consumed alcohol, and 2.6% of men had consumed drugs. The behavior of smoking, consuming alcohol and taking drugs has a long-term impact on the cardiovascular system, causing various

obstructive diseases, strokes, increasing the risk of cancer and users can be sensitive to taste (Lund et al. 2019). Another picture of health risk factors is sexual behavior where 8.26% of male students and 4.17% of female students aged 12-18 years have had sexual intercourse. Premarital sexual behavior certainly has a broad impact on adolescents, especially with regard to the transmission of infectious diseases and unwanted pregnancies and abortions (Lizam et al. 2022).

Based on the Central Java Provincial Statistics Agency, the number of adolescents aged 14-25 years in 2019 shows that adolescents smoking in the last month was 19.12%, which increased in 2020 to 22.85% and in 2021 decreased to 17.48%. Based on research conducted by *Risikesdas*, alcohol consumption among adolescents aged 15-19 years reached 6.92% and at the age of 20-24 years reached 5.6% (Balitbang 2019). The National Narcotics Agency of Central Java Province in 2022 showed that the prevalence of drug consumption among adolescents aged >24 years in urban areas reached 1.80% while in rural areas it reached 1.30% (BNN 2022). Based on BKKBN data in 2019 in Central Java, there were 863 cases of adolescents who had premarital sexual intercourse. (BKKBN 2019). Other health risk factors in Boyolali Regency based on the Boyolali

Regency Health Office, the number of adolescents who experienced early pregnancy <19 years in 2019 was 295 and in 2020 there was an increase of 307 adolescents. Adolescents who experience early pregnancy can have complications in pregnancy and increase the risk of death in mothers and children (Putri et al. 2022). In 2019, adolescents who received reproductive health services amounted to 37.84% of the 100% target set based on the Health Profile of the Boyolali Health Office in 2021 (Husna et al. 2022). So that to improve reproductive health services in adolescents, one of the efforts that can be done is to improve School Health Program services.

Based on the data above, it shows that health problems experienced by school children show a high number. This happens because the School Health Program has not been implemented properly. The School Health Program should be able to improve the health status of students.

School Health Program is a school activity that is very important in school life, both for students, teachers, employees, and residents within the scope of the school. (Juliawan et al. 2020). The purpose of School Health Program is to improve general health and well-being, ensure a healthy learning environment, and provide early intervention when needed (Melander et al. 2022). The school health program is a

strategic way to prevent health risks among adolescents and to involve the education sector in efforts to improve adolescent health in the school environment (WHO 2021).

The health program in schools through School Health Program is a very appropriate program because schools are a place to develop life skills as a part of determining the future so that schools must be a conducive environment for the formation of healthy living behavior (Elsad & Widjaja 2022). The School Health Program consists of health education, health service and healthy environment development. The Health Education program includes Health Literacy, Nutrition Education, Personal Hygiene Maintenance, Physical Activity Optimization, Healthy Living Skills Education, Reproductive Health Education, and Education and Development of School Health Cadres.

The Health Services program includes Health Checks in the form of Health Screening, Immunization, Providing Blood Addition Tablets, as well as First Aid for Accidents and First Aid for Diseases (P3K and P3P).

The healthy environment development program includes School Sanitation and First Aid Development, Healthy Canteen Development, Utilization of School Yards, Mosquito Nest Eradication, Implementation of No

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Smoking Areas, No Drug Areas, No Violence Areas, No Pornography Areas. While School Health Program management is all activities related to the procedures for implementing School Health Program. School Health Program management includes policy, planning and budgeting, capacity building, coordination, monitoring and evaluation (Kemenkes RI 2021).

The evaluation of School Health Program in Indonesia refers to the School's Health Program/Madrasa Strata. The evaluation conducted by schools is necessary to monitor the implementation of Healthy Schools/Madrasa routinely and integrated can be seen from the available resources and the implementation of School Health Program activities that are focused on the implementation of health education activities, health services, fostering healthy environment development and School Health Program management.

Evaluation is carried out to measure the achievements, challenges and successes of Healthy Schools/Madrasa. If the schools can fulfill these requirements, so that schools can achieve the full stratum (Kemenkes RI 2021). The evaluation process is carried out by periodically monitoring the programs that have been implemented by schools. Evaluation or monitoring is carried out by asking the opinion of the School Health Program

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working group and conducting a study on the problems found so that the right policy can be decided on the problem (Aminah et al. 2021).

Researcher has conducted a preliminary survey about School Health Program in about six junior high schools in Boyolali district, based on the category of good School Health Program and poor School's Health Program. Schools with good School Health Program category are Junior High School 1 Boyolali, Junior High School 1 Teras and Junior High School 1 Simo. While schools with poor School Health Program category are Junior High School 1 Kemusu, Junior High School 2 Klego and Junior High School 2 Andong. The results of preliminary research using The School Health Program stratification questionnaire that adopted from Kemenkes RI (2021) showed that Junior High School 1 Teras got the highest score of 39 points and Junior High School 2 Andong got the lowest score of 29. So this study aims to explain the implementation of the Trias School Health Program at Junior High School 1 Teras and Junior High School 2 Andong that it is no previous research has been conducted there.

METHODS AND MATERIALS

This research is a qualitative research with a case study approach. Informants were selected using *purposive sampling* Volume 22 Number 1, Februari 2024

method. The inclusion criteria in this study were (1) people who responsible for School Health Program and (2) work more than to equal 1 years in School Health Program.

A total of six informants were selected, namely the responsible teacher of School Health Program at Junior High School 1 Teras and Junior High School 2 Andong, School Health Program cadres at Junior High School 1 Teras and Junior High School 2 Andong, health workers from Puskesmas Teras and Puskesmas Andong who are responsible for School Health Program at Junior High School 1 Teras and Junior High School 2 Andong.

The data collection used in this research is in-depth interviews with interview guidelines made by researchers. In-depth interview were conducted to obtain comprehensive information from informants. In this study, what researchers did to obtain data validity could be done by triangulating sources to test the credibility of the data obtained. Source triangulation was carried out by conducting interviews to different type of informants. This research interviewed teacher, student, and health worker. Data analysis uses the Miles and Huberman thematic analysis technique, which consists of data collection, data reduction, data presentation and verification.

RESULTS AND DISCUSSION

A. Informant Characteristics

Informant characteristics in students in charge of the School Health Program informants were at the age of 14 and 15 years with a length of time in charge of the School Health Program for 1 year, in teachers in charge of the School Health Program informants were at the age of 52 and 54 years with a length of time in charge of the School Health Program for 3 and 7 years. Meanwhile, the health workers in charge of the School Health Program informants were 39 and 47 years old with a length of time in charge of the School Health Program for 1 and 6 years.

Table 1. Characteristics of respondents

No.	Name	Age (Year)	Duration become person responsible (Year)
1	DW	54	7
2	FR	14	1
3	IK	39	1
4	PR	52	3
5	CL	15	1
6	SR	47	6

B. Implementation of the School Health Program

1. Health Education Program

The implementation of health education carried out at Junior High School 1 Teras includes counseling in the form of Clean Healthy Living Behavior, reproductive health and Nutrition Action in collaboration with the Puskesmas. In addition, there is also counseling

conducted by the police regarding drugs. This can be proven from the results of interviews with informants as follows:

"Untuk pendidikan kesehatan di sini, kami bekerja sama dengan Puskesmas Teras, biasanya penyuluhan tentang PHBS dan Aksi Gizi" (DW)

"For health education here, we work with the Teras Community Health Center, usually counseling on Clean And Healthy Living Behavior and Nutrition Action" (DW)

"Ya, ada penyuluhan dari polisi tentang narkoba dan dari puskesmas tentang hidup bersih dan sehat" (FR)

"Yes, there is counseling from the police about drugs and from the puskesmas about clean and healthy living" (FR)

"Kegiatan penyuluhan berkaitan dengan PHBS sehingga seperti penerapan pola hidup bersih dan sehat, TTD dan kesehatan reproduksi" (IK)

"Counseling activities are related to Clean And Healthy Living Behavior so such as the application of a clean and healthy lifestyle, Iron Tablet Supplementation and reproductive health" (IK)

Meanwhile, the implementation of health education at Junior High School 2 Andong includes health counseling on Clean Healthy Living Behavior, blood supplement tablets, drugs and reproductive health. This can be proven from the results of interviews with informants from schools with poor School Health Program as follows:

"Pendidikan kesehatan seperti penyuluhan kesehatan untuk minum TTD seperti itu." (PR)

"Health education such as health counseling to consume Iron Tablet Supplementation like that" (PR)

"Pendidikan kesehatan hanya mengacu pada program puskesmas, seperti penyuluhan pendidikan tentang TTD" (CL)

"Health education only refers to the puskesmas program, such as educational counseling about Iron Tablet Supplementation " (CL)

"Program penyuluhan tentang TTD, PHBS, bahaya merokok, narkoba dan kesehatan reproduksi" (SR)

"Counseling programs on Iron Tablet Supplementation, Clean Healthy Living Behavior, the dangers of smoking, drugs and reproductive health" (SR)

Efforts to improve the ability to live a healthy life are carried out through health education programs. Based on the results of the research, health education activities at Junior High School 1 Teras and Junior High School 2 Andong focus on health counseling on Clean and Healthy Living Behavior, Blood Addition Tablets, Reproductive Health and Drugs. However, at Junior High School 1 Teras there is a nutrition action program. Both schools have conducted health education in schools well, but there are still some programs that have not been implemented. This is due to limited human resources and lack of cooperation with local health centers.

Based on the Technical Guidelines for Guiding the Implementation of Healthy Schools/Madrasa in 2021, the School

Health Program on health education that should be carried out includes Health Literacy, Nutrition Education, Maintenance of Personal Hygiene, Optimization of Physical Activity, Healthy Living Skills Education, Reproductive Health Education, and Education and Development of School Health Cadres (Kemenkes RI 2021).

Based on research Goldfarb & Lieberman (2021) the provision of health education on reproductive health can increase students' knowledge about reproductive health so that they are expected to be able to avoid early pregnancy, STIs, sexual harassment, and interpersonal violence and harassment.

2. Health Services Program

The implementation of health services carried out at Junior High School 1 Teras includes health screening in collaboration with the Teras Puskesmas, provision of Blood Addition Tablets, immunization and counseling. This can be proven from the interview results:

"Ada pelayanan kesehatan, kami juga bekerja sama dengan Puskesmas Teras dan pemberian TTD juga rutin dan ada imunisasi" (DW)

"There are health services, we also collaborate with Puskesmas Teras and the provision of Iron Tablet Supplementation is also routine and there are immunizations" (DW)

"Program skrining kesehatan kaya dari puskesmas, pemberian TTD, imunisasi, konseling" (FR)

"Rich health screening program from puskesmas, provision of Iron

Tablet Supplementation, immunization, counseling" (FR)

"Pemeriksaan kesehatan kelas 7, program pemeriksaan kesehatan berkala, selain itu juga ada pemberian tablet suplemen darah" (IK)

"Grade 7 health screening, periodic health check-up program, in addition there is also the provision of blood supplement tablets" (IK)

While the implementation of Health Services carried out by Junior High School 2 Andong is health screening, provision of Blood Addition Tablets and Immunization. This can be proven from the interview results:

"Untuk pelayanan kesehatan hanya ekstra kurikuler, skrining kesehatan dari puskesmas, serta pemberian tablet suplemen darah dan imunisasi" (PR)

"For health services, it is just extra-curricular, health screening from the puskesmas, as well as the provision of blood supplement tablets and immunization" (PR)

"Dalam pelayanan kesehatan, ada pemberian tablet suplemen darah dan imunisasi" (CL)

"In health services, there is the provision of blood supplement tablets and immunization" (CL)

"Program pelayanan kesehatan di awal tahun ada screening, pemberian tablet suplemen darah dan minum tablet suplemen bersama-sama juga" (SR)

"The health service program at the beginning of the year has screening, giving blood supplement tablets and taking supplement tablets together as well" (SR)

Based on the results of research conducted on the Health Services program

at Junior High School 1 Teras and Junior High School 2 Andong have the same program, namely health screening, provision of Blood Addition Tablets to female students and immunization. Based on the Technical Guidelines for Guiding the Implementation of Healthy Schools/Madrasa in 2021, the School Health Program on health services includes health checks in the form of health screening, immunization, giving blood supplement tablets, as well as first aid for accidents and first aid for diseases (Kemenkes RI 2021).

According to research conducted Natalia & Anggraeni (2022) the importance of implementing health screening in students is intended to provide an overview of the overall health status of adolescents. Student health status includes health history, lifestyle behavior, weight, height, dental health, eye health, immunization, reproductive health, physical fitness and nutritional status. Giving Blood Addition Tablets is an Indonesian government program that focuses on overcoming and preventing anemia in adolescent girls at the junior and senior high school levels by providing iron in the form of capsule supplementation (Yanti et al. 2022). Giving Blood Addition Tablets is carried out by the government to prevent and overcome anemia in adolescents (Meikawati et al. 2022).

Adolescents are a group that is vulnerable to various infectious diseases that can be prevented by immunization. Repeat immunization needs to be done to keep adolescents healthy. Recommended immunizations in adolescents are Tdap, influenza, HPV vaccines and immunizations that are recommended but have not been obtained in the previous period, then during adolescence can be given (FKUI 2020).

However, there are differences that can be seen from the implementation of the health service program, where the School Health Program Junior High School 1 Teras has implemented counseling for students. Meanwhile, Junior High School 2 Andong has not conducted counseling for students. Counseling programs are conducted to improve students' social and emotional development; prevent or reduce barriers to intellectual development and learning; reduce or prevent mental, emotional, and psychological stress and disorders, and to improve social interaction for all students. Students' mental health that is not properly met will cause obstacles in the learning process and student development. Therefore, the training and position of counselors in schools is necessary to meet the need to provide teaching, assessment, and advice as well as short-term counseling and referral services to students (Alexandria 2019).

3. Healthy Environment Development

The implementation of Healthy Environment Development carried out at Junior High School 1 Teras includes healthy environment development such as sanitation hygiene, garbage grouping, bathroom cleanliness, healthy canteen development jumantik and non-smoking areas. This can be proven from the interview results:

"Ada pembinaan kantin minta tolong ke puskesmas, pembuangan sampah juga sudah dilakukan, dibedakan dari anorganik, organik dan kaca, dan juga sudah diterapkan kawasan bebas rokok" (DW)

"There is canteen coaching asking for help from the health center, garbage disposal has also been done, differentiated from inorganic, organic and glass, and has also implemented a non-smoking area" (DW)

"Ada pengabdian masyarakat setiap hari Jumat" (FR)

"There is community service every Friday" (FR)

"Kita harus melihat area bebas rokok untuk melihat apakah ada potongan rokok di area sekolah. Selain itu, ada pemeriksaan ketersediaan air, pemantauan larva secara berkala, ketersediaan tempat sampah sementara, pengelolaan sampah organik dan anorganik. Kamar mandi juga terlihat" (IK)

"We have to look at the non-smoking area to see if there are cigarette stubs in the school area. In addition, there is an inspection of the availability of water, periodic monitoring of larvae, availability of temporary trash bins, management

of organic and inorganic waste. The bathroom is also seen" (IK)

Meanwhile, the implementation of Healthy Environment Development carried out by Junior High School 2 Andong includes healthy environment development such as garbage grouping, bathroom separation, healthy environment development and healthy canteen development. This can be proven from the interview results:

"Pembangunan lingkungan yang sehat hanya dari puskesmas untuk membuang sampah seperti anorganik dan organik serta Jumat bersih" (Humas)

"The development of a healthy environment is only from the health center to dispose of waste such as inorganic and organic and clean Friday" (PR)

"Ada program pemilahan sampah, jadi saat Jumat bersih, kita kumpulkan sampah lalu dipilah menjadi organik dan organik. Itu dilakukan setiap 3 minggu sekali" (CL)

"There is a waste sorting program, so when Friday is clean, we collect waste and then sort it into organic and organic. It is done once every 3 weeks" (CL)

"Untuk pengembangan lingkungan, ada survei kebersihan lingkungan yang meliputi kebersihan sampah, kebersihan kamar mandi, non-smoking dan pembangunan kantin sehat" (SR)

"For environmental development, there is an environmental cleanliness survey which includes garbage cleanliness, bathroom cleanliness, non-smoking and healthy canteen development" (SR)

Based on the Technical Guidelines for Guiding the Implementation of Healthy Schools/Madrasa in 2021, the School Health Program on healthy environment development includes School Sanitation and First Aid Development, Healthy Canteen Development, Utilization of School Yards, Mosquito Nest Eradication, Implementation of No Smoking Areas, No Drug Areas, No Violence Areas, No Pornography Areas (Kemenkes RI 2021).

Healthy environment development is creating a school environment that can support the teaching and learning process in order to achieve optimal results in terms of knowledge, skills and attitudes. The development of a healthy environment aims to support an optimal educational process so that it is necessary to foster a healthy school environment physically and non-physically (Lisu et al. 2022).

Environmental monitoring activities include monitoring the school canteen to monitor the nutrition and health of students. In addition, the availability and maintenance of water and bathrooms must be considered by the school because it is also a support for the health of students. Other environmental guidance can be seen from the availability of trash cans and sewage channels in schools which, if not kept clean, can become a source of disease (Novariana et al. 2018). Based on research Aziz & Habibah (2021) related to healthy living behavior, sanitation and hygiene ISSN 1858-3385, E-ISSN 2549-7006 82

(clean water facilities, use of healthy latrines, hand washing, inspection of school canteens and use of trash cans), utilization of school grounds such as maintenance of live pharmacy or 'toga' and *jumantik* programs need to be done to achieve healthy school indicators.

However, there are differences where Junior High School 1 Teras has conducted regular monitoring of larvae. Meanwhile, Junior High School 2 Andong has not conducted a *jumantik* program. *Jumantik* activities are carried out with Mosquito Nest Eradication (PSN) activities. This is done to eradicate mosquito nests through 3M, namely covering, draining and utilizing used goods. The *jumantik* program is an effective program that is carried out to prevent the occurrence of DHF disease and create environmental cleanliness and healthy living behavior (Issri Rubandiyah et al. 2018).

4. School Health Program Management

The management carried out to implement the School Health Program at Junior High School 1 Teras is to form a School Health Program team and conduct planning with the principal. This can be proven from the interview results:

"Untuk kepengurusan UKS, kami masih melakukan perencanaan dengan kepala sekolah dan kemudian membentuk tim UKS" (DW)

"For School Health Program management, we still do planning

with the principal and then form the School Health Program team" (DW)

Meanwhile, the School Health Program management carried out to implement the School Health Program at Junior High School 2 Andong is planning with the principal and working with student affairs, thus involving the school committee. This can be proven from the interview results:

"Pengelolaan UKS direncanakan langsung oleh kepala sekolah dan bekerja sama dengan kesiswaan sehingga komite sekolah juga terlibat dalam program UKS"

"The management of School Health Program is directly planned by the school principal and collaborates with student affairs so that the school committee is also involved in the School Health Program" (PR)

The management carried out by Junior High School 1 Teras and Junior High School 2 Andong have similarities in School Health Program management, sure planning with the school principal. However, Junior High School 2 Andong School Health Program has not yet formed a School Health Program team for the implementation of School Health Program. Based on research Irmayanti (2023) shows that the principal plans the School Health Program activity program that will be achieved by involving the School Health Program coordinator. This

is done to achieve the goals and objectives of the program to be carried out. In research Lumbanraja (2021) stated that the existence of School Health Program planning is the first step to managing School Health Program which can make it easier to carry out activities in the future. Meanwhile, based on research Aziz & Habibah (2021) planning is one of the important aspects in managing the School Health Program to achieve healthy schools and set an example for other schools. In other words, it can be interpreted that planning is the essence of realizing success.

5. Human Resources

The implementation of the program at Junior High School 1 Teras was carried out by involving the Teras Community Health Center and the police. This can be proven from the interview results:

"Ada kekurangan personel, karena UKS butuh tim, jadi kalau hanya saya, program UKS tidak akan menjalankan mbak" (DW)

"We cooperate with Teras Community Health Center in providing Iron Tablet Supplementation " (DW)

"Penanggung jawab kurang, sehingga hanya ada satu guru yang mengurus UKS sehingga program tidak bisa berjalan maksimal" (FR)

"There has been counseling by the police about drugs" (FR)

Meanwhile, the implementation of the School Health Program at Junior High School 2 Andong was carried out

by involving the Andong Health Center only. This can be proven from the interview results:

"Tidak ada koordinasi dengan sekolah, itu saja" (IK)

"Health education only refers to the Puskesmas program" (PR)

Based on the results of the research, the human resources involved in the implementation of the School Health Program at Junior High School 1 Teras involved the public health center and the police. Meanwhile, the human resources involved in Junior High School 2 Andong only involve the community health center. Human resources involved in the implementation of the School Health Program at school are people who must have competence in running the program. Human Resources in the implementation of the School Health Program are humans involved in running a program (Nurhayu et al. 2018).

Based on research Tomokawa et al. (2020) it is necessary to clarify the competencies required for school health among school staff and establish a teacher training system based on the competencies required in each country. It is also important to consider the possibility of collaborating with existing public health workers, such as doctors, nurses, midwives, nutritionists and community health workers by providing short-term training on school health.

6. Funding Source

The implementation of the School Health Program at Junior High School 1 Teras uses funds from the BOS fund. This can be proven from the interview results:

"Pelaksanaan Program Kesehatan Sekolah menggunakan dana BOS" (DW).

"The implementation of the School Health Program uses BOS funds" (DW).

Meanwhile, the implementation of the School Health Program at Junior High School 2 Andong has no funds allocated for the School Health Program. This can be proven from the results of the School Health Program interview:

"Untuk saat ini, tidak ada dana untuk Program Kesehatan Sekolah" (PR)

"For now, there is no funding for the School Health Program" (PR)

Based on the results of the research, the source of funds used for the implementation of the School Health Program at Junior High School 1 Teras comes from the BOS fund. Meanwhile, Junior High School 2 Andong has not allocated funds for the School Health Program. The source of funds is related to operational activities in the implementation of the School Health Program and is an important part so that it can be allocated appropriately for the smooth running of the School Health Program (Nurhayu et al. 2018).

Based on the School Health Program Guidebook for Junior High School Level in 2021, schools use BOS funds or other sources of funds to maintain school hygiene, duplication of examination questionnaires and other School Health Program activities.

C. School Health Program Barriers

In the implementation of the School Health Program carried out at Junior High School 1 Teras, there are obstacles in carrying out the School Health Program including the lack of personnel who are responsible for School Health Program and the lack of coordination from the school after the program is carried out by health workers. This can be proven from the results of the interview:

"Ada kekurangan personel, karena Prodi Kesehatan Sekolah butuh tim, jadi kalau hanya saya, Prodi Kesehatan sakit tidak berjalan" (DW)

"There is a lack of personnel, because the School Health Program needs a team, so if it's just me, the School Health Program will not run" (DW)

"Penanggung jawab kurang, sehingga hanya ada satu guru yang mengurus Program Kesehatan Sekolah sehingga program tidak dapat berjalan optimal" (FR)

"The person in charge is lacking, so there is only one teacher who takes care of the School Health Program so the program cannot run optimally" (FR)

"Tidak ada koordinasi dengan sekolah, itu saja" (IK)

"There is no coordination with the school, that's all" (IK)

While the implementation of the School Health Program carried out at Junior High School 2 Andong has obstacles in running the School Health Program including students still involved with other organizations, lack of cooperation between team members, and lack of cooperation between the school and health workers. This can be proven from the interview results:

"Menurut saya, dikatakan terhambat karena siswa yang terlibat dalam Program Kesehatan Sekolah juga terlibat dengan program lain" (PR)

"In my opinion, it is said that it is hampered because students who are involved in the School Health Program are also involved with other programs" (PR)

"Teman-teman saya dan saya terkadang tidak bisa bekerja sama dengan baik" (CL)

"My friends and I sometimes can't work well together" (CL)

"Menurut saya, PS dikatakan terhambat oleh kurangnya kesadaran dari sekolah. Terkadang kami telah memikat sekolah untuk bekerja sama dengan kami tetapi tidak ada kesadaran" (SR)

"In my opinion, the School Health Program is said to be hampered by the lack of awareness from the school. Sometimes we have lured the school to cooperate with us but there is no awareness" (SR)

Based on the results of the research, the obstacles experienced by Junior High School 1 Teras and Junior High School 2 Andong are similar, namely the lack of cooperation between the school and

health workers to carry out the School Health Program. However, there is also a difference between Junior High School 1 Teras, which is the lack of personnel for the person in charge of School Health Program. While at Junior High School 2 Andong, students are still involved in other programs and lack of cooperation from team members. Based on the research results Sando et al. (2021) that in order for the School Health Program to run well, cooperation can be carried out between School Health Program cadres, School Health Program administrators and health workers. This can create healthy living behavior in the school environment. Based on research Ervina et al. (2018) that the lack of cooperation between related parties such as Puskesmas, Health Office, Education Office and other organizations can hinder the running of the School Health Program. The success of the School Health Program will be created if all parties involved have the willingness and commitment to work together to improve the health status of students. To increase school awareness, various efforts are needed, including training for teachers in charge of School Health Program and School Health Program cadres and increasing school cooperation with cross-sectors in order to overcome problems that may arise in the implementation of the School Health Program.

D. Impact of the School Health Program

The impact of the implementation of the School Health Program that has been running at Junior High School 1 Teras can create a safe and comfortable environment, increase students' awareness, students become productive and create comfortable teaching and learning activities. This can be proven from the interview results:

"Siswa dan warga sekolah menjadi teratur, kesehatan mereka, lingkungan juga menjadi aman dan nyaman, siswa lebih produktif" (DW)

"Students and school residents become organized, their health, the environment also becomes safe and comfortable, students are more productive" (DW)

"Menurut pendapat saya, saya pribadi menjadi lebih produktif dalam belajar" (FR)

"In my opinion, I personally become more productive in learning" (FR)

"Menurut saya, kesehatan siswa pada usia produktif tetap terjaga dan tidak mengganggu kegiatan belajar mengajar, harapannya adalah menjadi siswa yang sehat tanpa sakit, produktif dan bermanfaat" (IK)

"In my opinion, the health of students at a productive age is maintained and does not interfere with teaching and learning activities, the hope is to become healthy students without illness, productive and useful" (IK)

Meanwhile, the impact of the implementation of the School Health Program that has been running at Junior

High School 2 Andong is that students' health is monitored, the environment becomes comfortable and peaceful. This can be proven from the interview results:

"Misalnya, kesehatan siswa dipantau dan lingkungan sekolah menjadi nyaman dan damai dalam kegiatan belajar mengajar" (PR)

"For example, the health of students is monitored and the school environment becomes comfortable and peaceful in teaching and learning activities" (PR)

"Ya, bagus, kegiatan belajar mengajar bisa diatur. Teman-teman merasa nyaman di sekolah" (CL)

"Yes, it's good, teaching and learning activities can be organized. Friends are comfortable at school" (CL)

"Anak menjadi sehat jasmani dan rohani, misalnya jika ada sesuatu yang perlu ditangani, lebih mudah ditangani sejak dini. Anak-anak bisa lebih produktif" (SR)

"Children become physically and mentally healthy, for example if there is something that needs to be handled, it is easier to be handled earlier. Children can be more productive" (SR)

The impact of the implementation of the School Health Program at Junior High School 1 Teras and Junior High School 2 Andong is that both schools want a safe and peaceful school environment, the creation of smooth teaching and learning activities for students, students become productive and the health of students is monitored.

According to research conducted by Rahmawaty (2019) School Health Efforts have an impact on improving health through a school health promotion concept. The concept applied in school health promotion includes six key areas namely health policy, physical and social environmental health, health workers, and health services. The health concept is designed to assist schools in developing health strategies that have an effective impact on students.

In research Lee et al. (2020) School Health Program is proven to have an effective impact on improving students' health and well-being and assisting the learning and teaching process in schools. In this case, the impact shown from the implementation of School Health Program in schools can be seen from students' practices and knowledge about health and hygiene sanitation in schools that are better.

CONCLUSIONS AND SUGGESTIONS

Based on the results of the research conducted, it can be concluded that the implementation of the School Health Program that has been carried out at Junior High School 1 Teras and Junior High School 2 Andong has similarities, such as (1) Health education which includes on Clean Healthy Living Behavior, drugs, reproductive health, and blood tablets; (2) Health services which include giving blood

tablets, screening, immunization; (3) Healthy environment development includes environmental development, bathroom cleanliness, waste grouping, healthy canteen development, and non-smoking areas; and (4) School Health Program management, both schools conducted planning with the school principal. The human resources involved from both schools are health workers. The budget used to implement the School Health Program at Junior High School 1 Teras is the BOS fund, but Junior High School 2 Andong has not allocated funds for the implementation of the School Health Program. The obstacles faced by the two schools are similar, namely the lack of cooperation between the school and the public health center. The expected impact of the implementation of the School Health Program in the school environment is a safe and peaceful school environment, the creation of smooth teaching and learning activities for students, students become productive and the health of students is monitored.

Based on the conclusions of the research results above, the researcher suggests that schools are expected to implement the School Health Program according to the Technical Guidelines for Guiding the Implementation of Healthy Schools/Madrasa in 2021, schools are expected to be able to allocate funds to implement the School Health Program, and

the need to increase school cooperation with related parties in the context of implementing the School Health Program.

The limitation of this research is the result cannot be generalized into another schools. In addition, informants may feel inclined to give answers that the researcher deems more "appropriate", however, researcher tried to inquire the questions detail about when, how, and who involved in that implementations.

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